

Application for Accommodations

Name: _____ Student ID # _____

(First)

(Middle)

(Last)

Email: _____ Date of Birth: _____

Address: _____

(Street)

(City)

(State)

(Zip Code)

Home Phone: _____

Work Phone: _____

Semester expected to attend: Please check all that apply

- ☐ Spring _____
- ☐ Summer _____
- ☐ Fall _____

Evacuation accommodation:

Is this accommodation: ☐ temporary / ☐ permanent?

I need the following to safely evacuate in the event of an emergency _____

Please indicate the nature of your disability:

- ☐ Mobility Impaired
 - ☐ Visually Impaired
 - ☐ Wheelchair
 - ☐ Totally Blind
 - ☐ Not totally blind, but impaired
 - ☐ Acoustically Impaired
 - ☐ Learning Disabled
 - ☐ Totally Deaf
 - ☐ Not Totally Deaf, but impaired
 - ☐ Mental Health
 - ☐ Multiple Impairments (specify) _____
 - ☐ Other (Please specify) _____
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Please contact Shannon Schmutz at ext. 2802 or email us at access@mcny.edu if you have any additional questions regarding this form

Check all those you will need in an educational setting

Accommodations are approved based on supporting documentation and interactive process.

Instructional	Testing	Support Persons	Environment	Equipment
<input type="checkbox"/> Braille <input type="checkbox"/> Large Print <input type="checkbox"/> Text on Tape	<input type="checkbox"/> Extended Time <input type="checkbox"/> Out of Class Testing <input type="checkbox"/> Distraction Reduced <input type="checkbox"/> Calculator <input type="checkbox"/> Alternative Testing Format <input type="checkbox"/> Extended time to hand in assignments	<input type="checkbox"/> Interpreter <input type="checkbox"/> Note takers <input type="checkbox"/> Reader <input type="checkbox"/> Writer	<input type="checkbox"/> Preferential Seating <input type="checkbox"/> Special Seat <input type="checkbox"/> Accessible Site <input type="checkbox"/> Adjustable Table <input type="checkbox"/> Space for Wheelchairs <input type="checkbox"/> Lighting adjustments	<input type="checkbox"/> Tape Recorder <input type="checkbox"/> Calculator <input type="checkbox"/> Adapted Computer <input type="checkbox"/> Closed Caption <input type="checkbox"/> Listening Device

List any additional accommodation requests: _____

The College recommends that this form and appropriate documentation of disability be submitted at least six weeks in advance to the intended semester start date. Once documentation is received and approved, you will need to meet with Shannon Schmutz to discuss accommodations, procedures and policies. Information regarding disability is kept in the Student Services Office and is not part of the student's permanent record.

Date Application was Received: ____/____/____

Approved _____ Denied _____ Date: ____/____/____

Reason(s) for denial:

Was proper documentation from doctor Received? Yes__ No____ Date ____/____/____

If approved, as of _____ you will be receiving accommodations for the _____ Academic Semester. I agree to all terms and policies.

Student Signature: _____ Date: ____/____/____